



MEMBERSHIP APPLICATION

2025

Please Check One:

Current Member: *Payment due on or before February 15. \$15 late fee after February 15.*

New Member: *Dues are listed below and are in effect January 1-December 31.*

Name: _____

Name of Business: _____

Address: _____ City: _____ Zip Code: _____

E-Mail: _____

Cell Phone #: _____

CK	CATEGORY	AMOUNT	#	TOTAL DUE
	Primary Member	\$ 40.00		\$40.00
	Associate Members: <i>Please list each person's name. Use back side if necessary.</i>	\$ 10.00 per person		

BUSINESS INFORMATION *Check here if no changes from previous year.*

Areas Served (Counties, Cities): _____

Services & Specialties: _____

Business Website: _____

Business Phone #: _____ Business Email: _____

 **Check box if you want FREE WEBSITE ADVERTISING. Please note: Your information will appear exactly as you submit on this form. No edits will be made.**

PAYMENT: Mail application and check to address below.

ADDRESS: Association of Professional Gardeners, 3651 Connors Drive, Rochester Hills, MI 48307